

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

)	
)	
)	
Petitioner)	
)	WCC No. _____
vs.)	
)	PETITION DISPUTING ICCU
)	REVOCATION OF INDEPENDENT
)	CONTRACTOR EXEMPTION
)	
INDEPENDENT CONTRACTOR CENTRAL UNIT))	
Respondent.)	

1. On _____, I received an independent contractor exemption certificate. A copy of the certificate is attached.

2. My exemption was revoked on _____. A copy of the revocation notice is attached.

3. I am appealing the revocation and request the Workers' Compensation Court to determine that I am an independent contractor entitled to an independent contractor exemption.

DATED this _____ day of _____, 2005.

Petitioner's Signature

Please print or type: Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

Attach copies of application for Independent Contractor Exemption and revocation notice

